



Thank you for your interest in Village Shuttle transportation services. There are three types of public transportation available in Snowmass Village:

Fixed Route Buses provide service at locations along specific routes on set schedules. Many Fixed Route buses now have features to make riding easier for people with disabilities, including wheelchair lifts, kneeling features, and low floor buses.

Demand Responsive Service is a type of transit service where individual passengers can request transportation from a specific location to another specific location at a certain time. Transit vehicles providing demand-response service do not follow a fixed route, but travel throughout the community transporting passengers according to their specific requests. Demand Responsive service is provided by the Village Shuttle in that late evening hours of winter and summer and over the service day in the spring and the fall. Locations identified in our winter service area that do not have fixed route service are able to call and obtain demand response service. Many Demand Responsive buses also have features that make riding easier for people with disabilities.

ADA Complementary Paratransit Service is an origin to destination, curb to curb, shared-ride public transportation service for people whose disability prevents them from riding Fixed Route or Demand Responsive buses for a variety of reasons. Complementary Paratransit service is provided at minimum $\frac{3}{4}$ of a mile of all fixed routes provided by Village Shuttle with the intent of providing service for individuals who cannot access the fixed route. Service is provided only to those eligible riders who have been approved for service in advance via an application process.

If your disability and/or medical condition or the transit system's accessibility or environment barriers does not allow you to ride Fixed Route or Demand Responsive service, you may be eligible for ADA Paratransit Service some or all of the time. Your ability to ride Fixed Route buses will be evaluated through the use of this application, and in some circumstances, an in-person interview.

Travel Training

The Village Shuttle offers free one-on-one or group training to teach people with disabilities how to ride Fixed Route and Demand Responsive buses. Call our office for further information at (970) 923-2543.

IMPORTANT: Medical condition or eligibility for other disability programs does not necessarily qualify you to use Paratransit Service.

The Application Process:

All information provided is confidential and will only be used to help determine if you can ride Fixed Route or Demand Responsive buses or if you are eligible for Paratransit Service.

To assist with a proper evaluation of your ability to ride Fixed Route or Demand Responsive buses and/or your need for Paratransit service, you may be scheduled for an in-person interview. This interview will give applicants an opportunity to present issues in “their own words.” It will also provide an opportunity to ask follow-up questions in order to have a clear understanding of the abilities and needs of the applicant.

An in-person interview will be scheduled if it is determined that the Fixed Route or Demand Responsive services may meet some or all of your transportation needs. A thorough review of the routes needed to meet your needs will be conducted, including an analysis of the accessibility of the routes and stops, as well as the environmental barriers that may exist. An in-person interview may also be conducted if a determination of eligibility cannot be made based on the application alone. The Town will pay for any associated costs of the in person interview as well as provide transportation to and from the appointment at no charge.

All questions must be answered in order for your application to be considered complete. You will be notified whether or not you are eligible for Paratransit service in writing by mail within 21 days of receipt. If you are not eligible, information regarding how to appeal this decision will be sent to you. In addition, a Village Shuttle travel trainer will contact you to assist you in understanding and/or utilizing the other transportation options that are available to you.

If you have any questions, need help filling out this application, or need an alternative format, please contact our office at (970) 923-2543.

Please return your completed application to:

**Village Shuttle
Town of Snowmass Village
P.O. Box 5010
Snowmass Village, CO 81615**

FAX: (970) 923-5986

**TOWN OF SNOWMASS VILLAGE
VILLAGE SHUTTLE**

ADA PARATRANSIT APPLICATION

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, please contact the Town's Transportation office at 970-923-2543 for assistance before you arrange an appointment for evaluation. In order for the application to be considered complete, every question on the application must be answered.

The purpose of the application is to provide an opportunity for you to describe barriers in the environment or limitations you may have which do not allow you to use the Village Shuttle fixed route bus service. Tell us which places you are having trouble getting to, where you need to go, but cannot, and what prevents you from using the bus for these destinations. The more information you provide, the better the Town will understand your transportation needs and travel challenges.

Please Print:

Name _____ Date of Birth _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____

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

Signature

Date

To be completed if the applicant was helped by another person in the completion of the application.

Name _____ Day Time Phone _____

Address _____ Apt. _____

Relationship _____ Date _____

PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THOSE ITEMS THAT BEST DESCRIBE WHAT YOU BELIEVE IS YOUR ABILITY TO USE THE VILLAGE SHUTTLE BUS SERVICE BY YOURSELF. YOU MAY SELECT MORE THAN ONE:

1. I can use the Village Shuttle service sometimes, but for certain trips either I have not been trained, or there are other barriers present.
2. I have a temporary disability that prevents me from getting to the bus stop. I will need Paratransit service only until I recover.
3. I have an ambulatory disability that prevents me from boarding a Village Shuttle bus that is not accessible.
4. I have an ambulatory disability that prevents me from boarding even an accessible Village Shuttle bus without assistance.
5. I can never get to the bus stop by myself.
6. I have a cognitive disability that prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I don't think that I can ever learn.
7. I have a cognitive disability that prevents me from remembering and understanding all I have to do to find my way to and from the bus stop and ride the bus. I think that with training I can learn, but I don't know how right now.
8. I have a visual disability that prevents me from finding my way to and from the bus stop. I think that with training I can learn, but I don't know how right now.
9. I have a visual disability that prevents me from getting to and from the bus stop. I don't think that I can ever learn.
10. I have a severe medical condition. My condition results in an impairment that makes it impossible for me to use the Village Shuttle service.
11. I have an episodic disability. I can use the bus on those days when I am feeling well, but on "bad days," I can't make it to the bus stop, or even get on the bus.

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY DEVICES

Please attach a Visual Acuity Statement from your eye doctor to verify legal blindness.

1. Name of Eye Disease/Condition: _____

2. My vision is worse during these conditions:

- _____ Bright Sunlight
- _____ Dimly Lit or Shaded Places
- _____ Night Time
- _____ See the Same in Different Lighting Conditions
- _____ I Have No Vision at All

3. My eye condition is considered to be:

- _____ Stable
- _____ Degenerative
- _____ Other (Please Explain) _____

4. Most often, I use the following mobility aids when I walk outdoors:

- _____ Sighted (Person) Guide
- _____ Dog Guide
- _____ Long White Cane
- _____ Optical Devices (Telescope, Light, Special Glasses, etc.)
- _____ None of the Above

5. I can easily see steps and curbs: ___ Yes ___ No ___ Sometimes

6. While waiting to board my bus, I can see ___ Yes ___ No ___ Sometimes
 bus route numbers on the buses:

7. I can find my destination without assistance: ___ Yes ___ No ___ Sometimes

8. My hearing is normal: ___ Yes ___ No

If No, please describe your functional hearing problems: _____

- a. I can easily hear the bus driver's voice when they:
- Announce bus routes when I stand outside the bus: _____ Yes _____ No
- Announce bus stops when I am inside the bus: _____ Yes _____ No
- b. I can hear traffic well enough to be safe crossing _____ Yes _____ No streets consistently:

INFORMATION ABOUT YOUR CURRENT USE OF LOCAL BUS SERVICE

1. What is the closest bus stop to your home? Please give exact location (Example: By the corner of Brush Creek Rd and Horse Ranch Dr.) _____

2. Which bus routes serve your neighborhood? _____

3. Do you currently use the bus service? _____ Yes _____ No

a. Which bus routes do you use? (List all routes both local and regional)

b. Where do you go by bus? (List all destinations) _____

c. Do you need the assistance of another person? (Circle one)

Always Sometimes Never

d. Can you walk to the bus stop without help? _____ Yes _____ No

e. How do you know when/where to get off the bus?

_____ I ask the driver to announce my stop

_____ I ask another passenger to help me
_____ I can see my stop from inside the bus
_____ Other – Please Explain: _____

4. When was the last time you used the bus service? _____

5. What is it about riding the bus that is the most difficult for you? (Example: I can't find my stop. The bus moves before I am seated.) Please list as many things as you can think of:

6. What are the specific conditions of your disability that prevents you from using the regular bus service? (Example: I can't travel from the bus stop to my destination. It's difficult to find the right bus. Etc.)

MOBILITY TRAINING

1. Have you ever received mobility training? _____ Yes _____ No

If Yes, by which agency were you trained? _____

By Whom? (Instructors name) _____

When? _____

2. Did you receive instruction in bus travel? _____ Yes _____ No

Did you successfully complete the training? _____ Yes _____ No

If Yes, what route(s) did you learn? _____

What destinations did you learn? _____

If No, do you think you would like to participate _____ Yes _____ No
in mobility training?

TELL US ABOUT YOUR ABILITY TO TRAVEL

1. Can you walk outdoors alone? _____ Yes _____ No

If Yes, answer (a,) (b,) and (c.) If No, Skip to #2.

a. On your own property? _____ Yes _____ No

b. To Places within same block of residence? _____ Yes _____ No

c. To Places farther away? _____ Yes _____ No

2. If No, (Don't walk outdoors alone,) why not? (Check all that apply)

_____ a. I have never been taught.

_____ b. My neighborhood is too dangerous (crime, vulnerability, etc.)

_____ c. I don't want to go alone.

_____ d. Environmental barriers prevent me. (No sidewalks, very busy intersections, etc.)

_____ e. Other – Please Explain: _____

3. Can you cross streets without help?

a. At quiet streets with very little traffic? _____ Yes _____ No

(Stop signs or no traffic control)

b. At traffic lights? _____ Yes _____ No

c. At very busy intersections? _____ Yes _____ No

THE ENVIRONMENT AROUND YOUR HOME

How would you describe the terrain where you live? (Example: Very steep hill, long gradual hill, flat, etc.)

Are there sidewalks at your residence? _____ Yes _____ No

How many steps are there at the entrance to your residence that you use? _____

YOUR CURRENT TRAVEL TODAY

List your 4 most frequent destinations and how you get there now?

Destination address	Frequency of Travel	How do you get there
---------------------	---------------------	----------------------

YOUR FUNCTIONAL ABILITY

Your answer to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Your answer should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently.

Can You:

1. Walk up and down three steps where there are handrails on both sides?
Always Sometimes Never Not Sure

2. Use the telephone to get information?
Always Sometimes Never Not Sure

3. Travel one level block on the sidewalk if the weather is good?
Always Sometimes Never Not Sure

a. If you are able to do this, how long does it take you?
Less than five minutes Five Minutes Not Sure

4. Cross the street if there are stop signs or traffic controls?
Always Sometimes Never Not Sure

5. When the weather is good, travel three blocks on the sidewalk?
Always Sometimes Never Not Sure

a. If you are able, how long does it take you?
Less than five minutes Five Minutes Not Sure

6. Wait ten (10) minutes at a bus stop that does not have a seat or shelter?
Always Sometimes Never Not Sure

7. Find your own way to the bus stop, if someone shows you the way once?
Always Sometimes Never Not Sure

8. Are you currently able to travel by yourself?
Always Sometimes Never Not Sure

9. If you need assistance of another person, what do they do for you? _____

10. Does weather affect your ability to use regular bus service? _____ Yes _____ No

If you answered Yes, please explain how: _____

EMERGENCY CONTACT

May we have the name of someone you would like us to contact in case of an emergency? Please select someone who would not be riding in the vehicle with you.

Primary Contact:

Name _____

Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ TTY _____

E-mail (Optional) _____

Address _____

Secondary Contact:

Name _____

Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ TTY _____

E-mail (Optional) _____

Address _____

ADA ELIGIBILITY INFORMATION
MEDICAL/PROFESSIONAL VERIFICATION FORM

Applicant Name _____

To be completed by a professional who is knowledgeable about the applicant's disability.

Dear Medical Professional:

Please assist us in our ADA transportation eligibility determination process by providing additional information about the applicant stated above on this Medical/Professional Verification Form.

*Please do not list a diagnosis as the sole reason for the need of paratransit services; we need to know how the limitation that the applicant has will limit their ability to ride a Fixed Route or Demand Responsive bus. The following is necessary for us to process the applicant's request:

1. Thorough detail of the applicant's functional limitation(s,) and how they inhibit that person's ability to board, use, and disembark from a transit vehicle.
2. Thorough detail of the applicant's cognitive limitation(s,) and how they inhibit that person's ability to navigate using a Fixed Route or Demand Responsive bus.
3. Thorough detail of the applicant's physical limitation(s,) and how they inhibit that person's ability to reach a bus stop or the destination from a bus stop.

Under the Americans with Disabilities Act (ADA), if a person has the functional ability to use Village Shuttle Fixed Route or Demand Responsive buses, this person is not eligible for Complementary Paratransit services. Disability alone and distance to and from a bus stop, by itself, do not qualify a person for Village Shuttle Paratransit service.

Many of the Village Shuttle Fixed Route and Demand Responsive buses are lift equipped and available to persons who have difficulty or who are unable to use the steps to board and disembark the bus. Additionally, some of the Village Shuttle Fixed Route and Demand Responsive buses "kneel," which lowers the bus to the ground, making the first step from the curb easier to make. Finally, the Village Shuttle offers travel training for persons who need individualized training using the Fixed Route or Demand Responsive buses.

If you think that the applicant could benefit from the services stated in the paragraph above, please make a note on the verification form so that their eligibility can be better determined and the proper services can be provided.

Thank you for your assistance. If you have any questions while completing the verification form, please feel free to contact our office at (970) 923-2543.

APPLICANT'S NAME: _____

To the Applicant: Sign below to allow release of information from the professional who will be filling out this form.

I hereby request that information pertaining to my limitations that prevent me from using Fixed Route or Demand Responsive buses be released to the Village Shuttle for further determination of my ADA complementary paratransit eligibility.

Signature _____ Date _____

To the person completing this form:

This form must be filled out, by a professional who is knowledgeable about the applicant's disability and their limitations. Please check the appropriate line regarding the person completing this form.

- | | |
|--|--|
| <input type="checkbox"/> Vocational Rehabilitation Counselor | <input type="checkbox"/> O & M Instructor |
| <input type="checkbox"/> Licensed Social Worker | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Independent Living Specialist | <input type="checkbox"/> Other _____ |

1. Indicate nature of the applicant's disability (check all the apply)

- Impaired or assisted ambulation: Specify mobility aid: _____
- Arthritis: Specify extremity: _____
- Cerebrovascular Accident
- Pulmonary: Does applicant travel with Portable Oxygen Tank? Yes No
- Neurological Handicap
- Cardiac
- Kidney Disease
- Legally Blind
- Severely Visually Impaired
- Alzheimer's
- Dementia
- Mental Retardation: (Indicate) Moderate Severe Profound

- Cerebral Palsy
- Autism
- Deaf/Hard of Hearing
- Seizures: Specify nature of: _____
- Mental Illness
- Other _____

2. How does the applicant's disability limit their ability to use a lift equipped Fixed Route or Demand Responsive bus?

3. What is the expected duration of the applicant's disability?

- Permanent
- Temporary Expected Duration: _____

4. Is there any other aspect of the disability that would assist the Village Shuttle in making a determination on the applicant's ability to use Fixed Route or Demand Responsive buses?

This section must be completed for the application to be considered complete.

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Print Name _____

Professional Title _____

Clinic/Agency _____

Address _____

Phone _____

If the Medical/Professional Verification is completed separate from the rest of the application, please return this section to:

Village Shuttle
Town of Snowmass Village
P.O. Box 5010
Snowmass Village, CO 81615
FAX (970) 923-5986

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