TOWN OF VAIL

241 South Frontage Road West, Suite 4
Vail, Colorado 81657
vailgov.com

Public Works/Transportation Department
970.479.2178
970.479.1715 fax

Vail – ADA Complementary Paratransit Application Form

Attached are forms used to establish eligibility for Vail Transit ADA transit services. Please complete and return to Vail Transit the form titled, "Paratransit Eligibility," and have your physician complete and return the form titled, "Medical Certification." In addition to being a federal reporting requirement, these forms help Vail Transit to document the nature of the disabilities for which we provide paratransit service.

Also, following is a brief summary of the policies for ADA services:

- Paratransit service is for those who cannot get on, get off, or otherwise navigate the existing system.
- All paratransit trips should be booked at least the day before by calling 970-479-2178. More advance notice is helpful.
- Service is offered during the same hours as Vail Transit fixed routes (5:30 AM – 2:30 AM)
- Town of Vail staff will provide curb to curb service. Door to door service can be provided during certain weather conditions.
- Any services beyond driving of vehicle and operations of lift will not be provided by the Town of Vail staff. A personal assistant must be provided by the guest if they are in need of one.

Vail – ADA Complementary Paratransit Application Form

The following information is being gathered by the Town of Vail Transit Agency. It will be used only for the provision of transportation services to the applicant. This information will not be shared with any other organization, except for the purpose of providing transportation services to the applicant. Please include a completed medical verification form with your application.

NAME: _____

STREET ADDRESS: _____
_____

MAILING ADDRESS:_____

TELEPHONE :(HOME)_____(WORK)_____

DATE OF BIRTH:_____

What disability prevents you from using the fixed route services? _____
_____

Is this condition temporary?_____Yes_____No

If temporary, what is the expected recovery date? __/__/__

Estimate of service needs ____per day ___per week

How does this disability prevent you from using the existing fixed route services? (Please explain completely)

_____

_____

_____

_____

_____

Are there other effects of your disability of which Vail Transit needs to be aware?

Which of the following aids do you use? (Check all that apply)
__Cane __Crutches __Manual Wheelchair __Electric Wheelchair__ Oxygen __Powered Scooter __Guide Dog __Personal Care Attendant __ Other? _____

Do you require a Personal Care Attendant when you travel using transit?__Yes __No

Can you travel 200 feet without the assistance of another person? __Yes __No

Can you travel ¾ mile without the assistance of another person? __Yes __No

Vail – Medical Verification Form

Federal law mandates that the Town of Vail Transit Agency provide special paratransit services to persons who cannot utilize existing transit service. The attached authorization form has been submitted by _____, indicating that you can provide information regarding the functional impacts of his / her disability. In order for Vail Transit to make a determination regarding his / her request for certification of eligibility for such services, we request your verification of the following:

In what capacity do you know the applicant?_____

Medical diagnosis of condition causing disability:_____

Is this condition temporary? __Yes__No

If temporary, what is the expected recovery date? __/__/__

Estimate of service needs?_____per day_____per week

Can the applicant:

Travel 200 feet without the assistance of another person?__Yes__No

Travel ¾ mile without assistance of another person?__Yes__No__Sometimes
Explain:_____
_____

Climb three 12-inch steps without the assistance of another person?__Yes__No__Sometimes
Explain:_____

Wait outside without assistance for ten minutes?__Yes__No__Sometimes
Explain: _____

I hereby certify that the information given above is true and correct to the best of my knowledge.
SIGNED:_____Date:__/__/__

PLEASE RETURN TO:
Joyce A. Rihanek
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970-479-2178