

Durango Transit
250 West 8th Street
Durango, CO 81301
Phone: (970) 247-3577 (VOICE/TDD)
Fax: (888) 317-8835 durangogov.org



Dear Opportunity Bus Applicant:

Thank you for your interest in the Opportunity Bus, a paratransit bus service provided by the City of Durango. In accordance with the Americans with Disabilities Act (ADA), the Opportunity Bus provides service to persons qualified under the ADA and persons sixty (60) years of age or older. Please complete the enclosed form and return it to: Durango Transit, 250 West 8th Street, Durango, CO 81301. Email: opportunitybus@durangogov.org

Please note the following Guidelines:

1. You will need to fill out the enclosed eligibility questionnaire in order to be ADA eligible to become a passenger on the Opportunity bus and to renew your ADA eligibility.
2. If you are already ADA eligible and currently hold active eligibility from another transportation agency, you may use the Opportunity Bus for up to three weeks. If you will be using the Opportunity Bus for more than three weeks you will need to complete the eligibility questionnaire.
3. If you are sixty years of age or older you will need to fill out an eligibility questionnaire in order to become eligible to ride the Opportunity Bus.
4. All applicants need to fill out Part A of the questionnaire.
5. If you answer YES to questions 2 or 3 in PART A and you have a disability which is self-evident (for example, you require a wheelchair), you may complete PART B of the questionnaire yourself (or have someone complete it for you)
6. If you answer YES to questions 2 or 3 of PART A and you have a disability that is not self-evident, you will need to have a health care professional complete and sign PART B.

Durango Transit will contact you in writing with your eligibility determination within 21 days of receiving your completed questionnaire. Depending on the nature of your disability, you will receive full, conditional, or temporary eligibility status. Please feel free to contact us at the above address or phone number if you have any questions.

**Durango Transit Opportunity Bus
PARATRANSIT ELIGIBILITY QUESTIONNAIRE**

The information obtained in this questionnaire will be used only by Durango Transit for the provision of transportation services. Return to: Durango Transit 250 West 8th Street, Durango, CO 81301, P: (970) 247-3577 F: (888) 317-8835, Email: opportunitybus@durangogov.org

PART A

CLIENT INFORMATION		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
PHONE NUMBER (HOME) _____ (CELL) _____		
EMAIL _____		
DATE OF BIRTH: MONTH _____	DAY _____	YEAR _____
EMERGENCY CONTACT		
NAME _____ PHONE _____		
RELATIONSHIP _____		

- | | YES | NO |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are you 60 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a disability which <u>prevents</u> you from reaching the Durango Transit fixed route transit stop? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a disability which <u>prevents</u> you from using the Durango Transit's fixed route transit services? | <input type="checkbox"/> | <input type="checkbox"/> |

- If you answered YES to question 1 **and** NO to questions 2 and 3 above, it is not necessary to complete PART B. You may simply sign here and return this to Durango Transit. Other applicants continue to PART B

Signed _____

- **If you have a disability that is not self-evident, PART B must be completed by a health care professional. If disability is self-evident, applicant must complete PART B.**

(PART B starts on next page)

PART B

ADA ELIGIBILITY INFORMATION

Is your disability Self Evident? YES NO

*If you answered **NO**, the following must be filled out by a health care professional.*

Can You (your client)

1. Step up 17 inches? YES NO

2. Board / Disembark a vehicle unassisted? YES NO

3. Conduct a fare transaction? YES NO

4. Independently identify or communicate to the driver the desired destination? YES NO

5. Transfer between vehicles, as necessary? YES NO

6. Wait outside for 10 minutes without support? YES NO

7. Walk:

a. 4 blocks to a transit stop YES NO

b. 2 blocks to a transit stop? YES NO

c. 200' to a transit stop? YES NO

8. Have a visual impairment that prevents use of fixed route transit services? Explain _____

9. Have a hearing impairment that prevents use of fixed route transit services? Explain _____

10. Have a temporary condition which prevents use of fixed route services? YES NO
For how long? _____

11. Have a cognitive disability? YES NO
If yes, can they:

a. Give addresses and phone #'s on request? YES NO

b. Recognize a destination or landmark? YES NO

c. Cope with unexpected situations or route changes? YES NO

d. Ask for, understand, and follow directions? YES NO

12. Use any equipment or aids for mobility or communication?

What type(s)? _____

13. Carry an oxygen tank?

14. Need help getting from the door to the curb?

15. Require the assistance of a personal care attendant and/or guide animal?

What is the medical diagnosis or condition causing your (clients) disability?

If eligibility is conditional or temporary, please explain: _____

If there is another contact person working with this client, please indicate their name, the name of the agency and office phone# _____

Name and signature of person(s) completing this form	
<u>Health Care Professional</u>	<u>Client / Other</u>
_____ Print Name	_____ Print Name
_____ Title	_____ Signature
_____ Office Address	_____ Relationship to client (if other)
_____ Signature	_____ Daytime Phone (if other)
_____ Date	_____ Date

Durango Transit Office Use Only	
Date Rec'd _____	Eligibility: ADA Non-ADA Cond. Temp. None
Resp. Mailed _____	
Date: _____	Note: _____
Date: _____	Note: _____
Date: _____	Mobility Coordinator Signature _____