

# Application for City of Pueblo ADA Service

**APPLICANTS:** All questions must be filled out COMPLETELY. Please read the instructions carefully. SIGN and DATE this application.

*For the following questions, please print your answers legibly.*

Name: \_\_\_\_\_  
(Last) (First)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Mailing Address, if different: \_\_\_\_\_  
(Address) (City) (Zip Code)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

TDD (telephone for people with hearing impairments) Yes No

Date of Birth: \_\_\_\_\_ (optional)

1.A. Describe the disability or condition which you believe may make you eligible for *ADA Service*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Identify all relevant information and attach any appropriate documentation to this application. (Use extra pages if you need to.) It would be helpful if you include the name and contact information for an agency or professional that can verify your functional ability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the expected duration of this condition?: \_\_\_\_\_

3. Please list four locations you travel to most often, how often you go there, and how you currently get there.

<u>Destination</u>	<u>How Often</u>	<u>Means of Transportation</u>
Location/Address: _____		
Location/Address: _____		
Location/Address: _____		
Location/Address: _____		

- 4.A. What mobility aid or equipment do you use when you travel? (Check all that apply)

Wheelchair   Walker   Portable oxygen   Picture or Alphabet Board

White Cane   Leg Braces   Service Animal (what kind?) \_\_\_\_\_

Other: \_\_\_\_\_

- B. If you use a wheelchair, is it:   Manual   Power   Scooter

What is the combined weight of you and your wheelchair?

Under 600 pounds                      600 pounds or more

Please provide us with the approximate dimensions or make and model of your wheelchair:

Length: \_\_\_\_\_ In.   Width: \_\_\_\_\_ In.   Make/Model: \_\_\_\_\_

- 5.A. Can you walk or wheel, without assistance, to the curb in front of your house?

Yes                      No

- B. If yes, what additional distance can you travel:

Along a flat sidewalk \_\_\_\_\_

Uphill \_\_\_\_\_

Downhill \_\_\_\_\_

- 6.A. Are there any physical or terrain barriers that prevent you from getting to or from a bus stop?

Yes                      No

B. If yes, please describe what type of barriers you face and how they prevent you from reaching the bus stop: \_\_\_\_\_  
\_\_\_\_\_

7. When you travel, do you need a personal care attendant's help?

Yes No

8. Are you able to ask the driver for assistance?

Yes No

9.A. Can you grasp railings to get on and off the bus?

Yes No

B. Can you pull cords, or push the bell strip in order to let the driver know you want to get off a bus?

Yes No

10. Can you make a fare transaction on a bus?

Yes No

11.A. If you were provided with transit mobility training and given information about the bus service and routes, do you think you would be able to use the bus independently or with assistance?

Yes No Sometimes

B. If no, explain why you would not be able to use the bus: \_\_\_\_\_  
\_\_\_\_\_

C. If sometimes, explain when and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Where and how far is the nearest bus stop to your residence? \_\_\_\_\_  
\_\_\_\_\_

13. Please explain **HOW** your disability prevents you from riding a regular transit bus:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What percentage (approximately) of your local travel is completed using the following?  
(Circle answers)

Pueblo Transit bus	0%	10%	25%	40%	50% or more
Walking/Wheeling	0%	10%	25%	40%	50% or more
Private Vehicle	0%	10%	25%	40%	50% or more
Drive own vehicle	0%	10%	25%	40%	50% or more
Carpool	0%	10%	25%	40%	50% or more
Share a ride	0%	10%	25%	40%	50% or more
School Bus/Group Service (Including Resource Exchange)	0%	10%	25%	40%	50% or more
Citi-Lift	0%	10%	25%	40%	50% or more
Cab	0%	10%	25%	40%	50% or more

15. Did you complete this application by yourself?                      Yes    No

If no, the person helping you complete the application needs to complete Part B of the certification on the next page.

16. Please provide any other information which will assist us in understanding your level of mobility:

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17. Please list a person to be contacted in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

18. Do you need information provided in an alternate format?                      Yes    No

If so, check all formats that you can use:

Braille

Large Print

Audio Tape

Other \_\_\_\_\_

Please review your application to make sure every question has an answer. Make sure the application is **SIGNED** and **DATED** on the following page.

## CERTIFICATION

In signing this application, the applicant agrees to the following conditions:

- 1) An interview may be required in addition to a completed application.
- 2) If at any time the applicant no longer has the disability as described, their eligibility for paratransit privileges automatically ceases and they will no longer be eligible to use ADA service.
- 3) Falsification of information in this application will result in denial of service.
- 4) All information provided in this application will be kept confidential, and only the information required to provide the services the certified individual requests will be disclosed to those who perform those services.
- 5) An individual who is found ineligible for ADA service may appeal the decision within 60 days of a written determination, and they will be advised of the appeals procedures.

### A. Applicant Signature

I certify the information given in this application is true and correct. I authorize Pueblo Transit to contact by phone or by letter any agency or professional that I have indicated on this form in order to verify documentation of my functional ability.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### B. Person completing form if other than applicant (please check one):

I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.

I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

\_\_\_\_\_  
Signature of Person Completing Form Date: \_\_\_\_\_

Please provide the following information on the person who completed the application:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Why was the applicant unable to complete this form?

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**Return to:** Pueblo Transit  
350 S. Grand Avenue  
Pueblo, CO 81003

Telephone: (719) 542-8763